

## Nutrition and WIC Services Management Evaluation Tool

### Active Client Record Review – Nutrition

Agency / Clinic: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Reviewer(s): \_\_\_\_\_

Client Name & ID #	DOB	Cat.	Cert Date	Presence doc.	Surv. data fields completed	ATOD screening & referrals doc.	ATOD info. doc.	Appro. med data doc.
1)								
2)								
3)								
4)								

Client # (above)	Birth data recorded	Risk factors assigned	All assigned risk factors doc.	All doc. risk factors assigned	Health/nutr. referrals appro.	Imm. referral appro.	Plan tab completed
1)							
2)							
3)							
4)							

<b>Client # (above)</b>	<b>Cert. counseling tailored to client</b>	<b>BF promo doc. for PG</b>	<b>Flow sheet completed</b>	<b>Mid-cert. appt. scheduled</b>	<b>Client HR or PDHR</b>	<b>HR appt.scheduled &amp; doc.</b>
1)						
2)						
3)						
4)						

<b>Client # (above)</b>	<b>2<sup>nd</sup> NE contact scheduled</b>	<b>2<sup>nd</sup> NE topic appropriate</b>	<b>2 NE contacts planned for I</b>	<b>Most recent food pkg.</b>	<b>Assigned standard food pkg or doc. need</b>	<b>If Enh BF - I right food pkg</b>
1)						
2)						
3)						
4)						